

Case Number:	CM15-0125088		
Date Assigned:	07/09/2015	Date of Injury:	08/07/2008
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old female patient who sustained an industrial injury on 08/07/2008. Mechanism of injury when she twisted her ankle while walking. Diagnoses include status post chronic peroneus brevis tendon repair, reflex sympathetic dystrophy of the lower limb and internal derangement of the left ankle. Per the physician progress note dated 04/27/2015, she had complaints of moderate discomfort and pain in the left foot and ankle area and significant cramping in the calf area on the left side. The physical examination revealed significant sensitivity to touch, restricted left ankle range of motion with significant pain, moderate tenderness over the course of the peroneus brevis tendon. Per the doctor's note dated 06/29/2015, she had moderate pain in the posterior aspect of the left ankle. The physical examination revealed normal left ankle range of motion and moderate tenderness over the posterior aspect of the left fibula over the peroneus tendon. The current medications list is not specified in the records provided. The treatment plan includes transfer to a foot and ankle specialist. She has had MRI left ankle and foot which revealed peroneus brevis tendon rupture. She has undergone repair of the left ankle peroneus brevis tendon rupture in 2009. She has had physical therapy, stellate ganglion block, and home exercise program. The injured worker is totally disabled. Treatment requested is for MRI left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 06/22/15) Magnetic resonance imaging (MRI).

Decision rationale: Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Patient has had left ankle MRI before surgery. Patient had complaints of left ankle pain with significant objective findings- tenderness and limited range of motion. Patient has tried conservative measures including physical therapy and stellate ganglion block for this injury. Therefore, evaluation with left ankle MRI is medically appropriate and necessary to further evaluate the chronic pain in the left ankle. The request of a MRI left ankle is medically necessary and appropriate in this patient at this time.